Maine PRAMS: 2001

(Pregnancy Risk Assessment Monitoring System)

Statewide Highlights

Maine Births: 2001

In 2001, 13,750 babies were born to Maine women – an increase of more than 150 births from the previous year. In the past 10 years, Maine's birth rate has dropped from 13 births/1,000 population to 11 births/1,000 population.

- The average age of new mothers was 26 years old in 2001; teen mothers accounted for 9% of Maine births.
- ▶ 32% of the women who had babies in 2001 were unmarried.

Births by Mother's Age: Maine, 1992 and 2001					
Mother's Age	Number of Births		Rate/1,000 Female Population		
Year	1992	2001	1992	2001	
15-19	1620	1211	37.5	27.5	
20-24	4372	3376	106.5	96.8	
25-29	5040	3882	107.3	105.4	
30-34	3530	3366	68.0	76.3	
35-39	1242	1555	24.0	28.9	
40-44	180	333	3.8	5.9	

Table excludes 29 births in 1992 and 27 births in 2001 to mothers younger than 15, older than 44, or with unknown age.

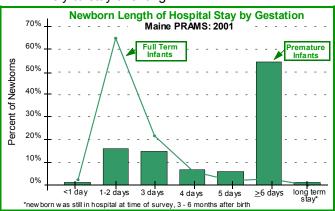
Prematurity

Compared to babies born full term, babies born early are at much greater risk of morbidity, disability, and death. In the U.S., about 75% of babies who died during their 1st month of life were born prematurely.

- In 2001, more than 1,150 premature babies were born in Maine nearly 9% of all Maine births.
- Maine's premature babies were 13 times more likely to die in the first few months of life than fullterm babies.
- Nearly half of Maine's premature babies were born with low birth weight; this compared to 2% of full term babies.
- Babies born as part of a multiple birth set were 10 times more like-

ly to be born prematurely than singleton births.

▶ Fifty-four percent of premature babies remained in the hospital for 6 or more days and 1% were still in the hospital 3-6 months after delivery. Full term babies were 19 times <u>less</u> likely to stay this long.

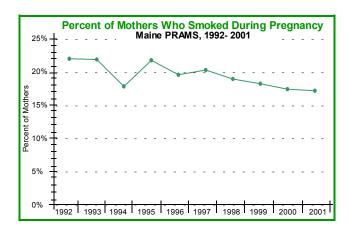


Smoking

Women who smoke during pregnancy may have health problems during their pregnancy and are more likely to deliver a smaller baby than average. Birth weight is a key indicator of infant health.

- Smoking rates during pregnancy are down since 1990 when 24% of pregnant women smoked. In 2001, 17% of pregnant women smoked.
- Nearly 1/3 of women who had babies in 2001 smoked before pregnancy.
- Teen mothers were more likely to smoke during pregnancy than older mothers. In 2001, 4 out of 10 teen mothers smoked during pregnancy.
- Women insured with MaineCare

- (Medicaid) were 6 times more likely to smoke during pregnancy than other women.
- Women who smoked during pregnancy were more likely to have a smaller weight baby than mothers who did not smoke.

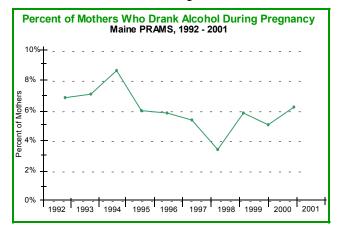


Alcohol Use

Pregnancy and birth outcome can be jeopardized by drinking alcohol during pregnancy. In addition to the risk of the baby suffering from Fetal Alcohol Syndrome, a severely debilitating outcome, data show a distinct pattern of elevated risk of low birth weight — a key indicator of infant health.

- More than half of mothers who had babies in 2001 drank alcohol just before they got pregnant.
- In the 10 years since 1992, the proportion of women who drank alcohol during pregnancy went down from 7% to 6%.
- Nearly 4 out of 5 new mothers said that during prenatal care a health professional talked with them about how drinking could affect their baby.

- Fifteen percent of the women who drank alcohol during pregnancy also smoked during pregnancy.
- Women who drank before pregnancy were more likely to report \$40,000 or more income and have more than a high school education.

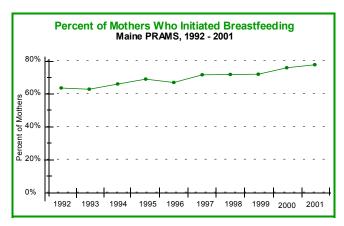


Breastfeeding

Breast milk not only meets the complete nutritional needs of babies, but protects them from infections and enhances their immune system. Breastfeeding also provides health benefits to the mother by reducing her stress and risk of certain cancers, and by helping her to lose weight.

- Since 1992, the numbers of mothers who breastfed in Maine increased from 63% in 1992 to 77% in 2001.
- Teen mothers were almost 20% less likely to breastfeed than mothers 20 years old or older.
- Nine out of 10 women said that a health care provider talked with them during prenatal care about breastfeeding their baby.

Women who were covered by MaineCare (Medicaid) for their prenatal care or delivery expenses were nearly 20% less likely to breastfeed than mothers with other prenatal care and delivery payment sources.



Multivitamin Use

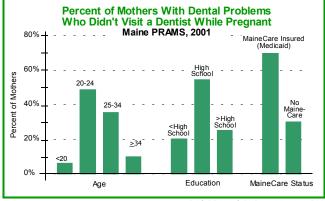
The Institute of Medicine recommends that women capable of becoming pregnant take synthetic folic acid daily, in addition to consuming folate from a varied diet. If all women of childbearing age took a daily multivitamin with folic acid, neural tube defects could be reduced by up to 70%.

- Since 1995, there has been an increase in the number of new mothers who have heard that folic acid could prevent some birth defects. In 2001, 92% of new mothers had heard about folic acid.
- More than a third (36%) of the women who had babies in 2001 took a multivitamin every day of the week before they became pregnancy; however, 49% did not take multivitamins at all.

Oral Health

Studies have shown that women with periodontal disease may be up to 7 times more likely to deliver a preterm low birth weight baby.

 Women with dental problems who didn't see a dentist, were more likely to be 20-24, a high school graduate, and insured by MaineCare.



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THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population - based sample survey administered to Maine mothers within a few months after delivery. These mothers are asked questions about their experiences before, during, and after pregnancy. We hope that the information obtained through this project will be instrumental in improving the outcomes of future pregnancies.



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Please visit the PRAMS web site at http://www.maine.gov/dhs/bohodr/prams.htm or call 1-800-239-7889.

MAINE PRAMS

